

Contracts Refresher Training Resource Packet

December 2011



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.

Contract Timeline

210 days from Proposed Start Date

- RFA (if required)

120 days from Proposed Start Date

- COE

90 days from Proposed Start Date

(external contracts take priority over internal contracts)

- Contracts Unit reviews all info, editing & clarifying if necessary, builds the contract package and logs into DHHS database
- Team Leader approves package
- Sharon Smith/DPH Contracts Manager

60 days from Proposed Start Date

- Budget Office
- Director Designee
- DPH Personnel
- DHHS Personnel
- Public Affairs
- DIRM/Information Technology
- Budget & Analysis
- Procurement & Contracts (30 days)
- Legal (\$1,000,000 and over)

30 days from Proposed Start Date

- Budget Office - if Funds Proposed
- To Contractor for signature
- Division Director
- Secretary's final signature (if required)
- NC Grants
- Encumbrance
- Executed Contract to Contractor

Timeliness Compliance

Report by Section

Contracts submitted with Start Dates between 11/1/10 and 10/31/11.

Report pulled on difference between the date contract was submitted and the Start Date of the contract.
(Does not include voided contracts.)

Contract Planning Challenges

- Open Window
- Joint Legislative Commission on Governmental Operations

Open Window

- All participants should be an active user in Open Window.
- All users should update their profile to ensure all requested information is complete.
- Prior to the development of contracts, all Contract Administrators/Delegates should:
 - Attend or review the Open Window webinar,
 - Participate in at least one Open Window workgroup, held by Contracts and
 - Be familiar with the Open Window Writing Style Guide:
<https://openwindow.dhhs.state.nc.us/Documents/WritingStyleGuide2010.doc>

Grant Legislation

Joint Legislative Commission on Governmental Operations

New Grants

The 2011 Appropriations Act (2011 Appropriations Act, Session Law 2011-145 (as amended by S.L. 2011-391)) contains several requirements for consulting with the Commission prior to taking specific action.

The major impact on new grants comes in the following provision:

Other Receipts From Pending Grant Awards: Section 5.2 requires the Office of State Budget and Management to consult with the Commission prior to allowing State agencies to expend grant funds not previously appropriated by the 2011 Appropriations Act.

You may read the 2011-2013 Commission Procedures in totality here:

<http://www.ncleg.net/documents/sites/committees/govops/General%20Information/2011-2013%20Reporting%20Guidelines%20and%20Procedures.pdf>

Commission Meetings

The Joint Legislative Commission on Governmental Operations meets once a month at a maximum. DHHS Executive Management (e.g., Secretary Cansler, Jim Slate, B&A Director, and/or Sharnese Ransome, Legislative Liaison) represent the Department at the meetings. Floyd Jones, DHHS Grants Manager receives all grant awards, coordinates the grant information and submits the new grant information to the committee for review. Programs need to email Floyd Jones and the Principle Investigator a copy of the NGA as soon as it is received to ensure that the grant is included on the agenda. (Can also attach to the OW Grant system.)

Note: The next meeting is scheduled for January 24, 2012 and Floyd is required to submit the grant information no later than January 6, 2012 including a copy of the NGA. Any NGA that is received after this date will be delayed until the next scheduled meeting.

Non-Standing Committees and Commissions meeting notices are available through the NCGA's Email List Server. Subscribe or unsubscribe to these listservs using this link: <http://www.ncleg.net/gascripts/Committees/Committees.asp?sAction=ViewDLForm&sActionDetails=Non-Standing>.

From the drop down menu, select the option that reads, "Governmental Operations, Jt Leg Commission". You will receive an e-mail message confirming your subscription or removal from the list(s).

Impact on Timelines

These items may increase the timeline from Award to Contract Execution.

- Open Window entry takes time, planning and practice.
- Committee Meetings for the New Grants Legislation may not be scheduled or your grant may not be approved timely.
- Budget Revisions and validation of Budget Codes take time.

Budget Codes / Funding

- **Grant Redirects**

A redirection is prepared by the program and submitted to the Budget Office for review and Chief Budget Officer's signature. The program then submits the request for a redirect to the grantor. The redirect has to be approved by the grantor before the budget revision can be prepared and approved. Until the budget revision is approved, the contract cannot be executed. The redirect can take up to 30 days for approval by the grantor. The program can improve this process by preparing redirects and coordinating with their Budget Officer as soon as they realize one is needed.

- **Budget Revisions**

A type 11 revision affects the certified and authorized budgets and has to be approved by State Budget. A 12 type revision affects only the authorized budget and has to be approved by State Budget. A 14 type revision affects only the authorized budget, but is an internal revision and is approved overnight. Individual budget revisions are no longer allowed by State Budget so it takes longer to prepare 11 and 12 type revisions due to the fact that the Budget Office has to combine like type revisions. It would help if the programs planned on the front end when submitting a grant application and classify the categories for contracts correctly.

Requirement Accounts

536 vs. 532

536XXX designates an FA contract.

532XXX designates a POS contract.

The 536XXX accounts are to support Aid and Public Assistance contracts as well as Medical and Entitlement payments. The 5321XX accounts are used to support most Purchase of Service (POS) contracts.

When submitting grant proposals/applications the Aid and Public Assistance contracts (536XXX) will be identified in the contracts category. The Purchase of Service contracts (5321XX) will be identified in the other category.

Please include a statement in the narrative of your grant to say: the North Carolina accounting system identifies Purchase of Service contracts in the other category and Aid and Public Assistance contracts as a contract in the contracts category.

Center Codes

In SFY 2012, a new Fund Structure was put into place.

- Be sure to use the new Fund numbers and Service Titles.
- Open Window selects the Fund based on the Service Title entered for that contract.
- If you have any doubt, confirm with your Operations Manager or Budget Officer, then alert your Team Leader.

Contract Length

- As a general rule, DPH does not permit Multi-Year Contracts for budgeting reasons.
- Use of State Dollars – one penny of State dollars means contract must run on period aligned with the SFY (June 1 – May 31).

Funding Configuration

- In Open Window, Funding Configuration is a choice between Budget Year and Fiscal Year.
- DPH's policy is to select Budget Year configuration for all contracts 12 months or shorter in duration.
- Contracts longer than 12 months should use the Fiscal Year configuration.

Procurement

RFA vs. RFP

RFA	RFP
Informal competitive process that usually results in the award of more than one contract. Applicants do not have formal protest rights.	Formal competitive process that includes the posting of the RFP on the Interactive Purchasing System (IPS) that consists of a purchase, description of the time and/or service required, information on quantities, required delivery schedules, terms and conditions, and fixed cost bid. Offerors have formal protest rights in

	accordance with 01 NCAC 05B .1519, the Administrative Rule Governing Award Protests.
Applicants are aware of the total potential award amount.	Offerors usually are not aware of the funding amount.
Used when the funding source is acting as flow through for grant funding.	Almost always for Purchase of Services contracts with for-profit agencies.

Sole Source

- A contract for services made without benefit of competitive bidding.
- Sole source contracts should be few and far between.
- Sole Source Justifications must be approved by Contracts Manager prior to COE.
- Please reference the DPH Sole Source and Fringe Directive (dated 8/20/10) in your handout for more details. The policy may also be viewed by using this link:
<http://publichealth.nc.gov/employees/forms/contracts/directives/ContractFringeBenefitRatesAndSoleSourceContracts-08-20-2010.pdf>

IMOA vs. MOA

An IMOA is an agreement with another division/office within DHHS.

- An IMOA may or may not contain funding.
- Use the IMOA for any agreement with a sister agency within DHHS.
- Note: DPH no longer enters into IMOAs with DIRM; contact the DPH Budget Office for the expedited process.

An MOA is an agreement with a non-DHHS entity where no money is exchanged.

Personal Services

- Personal Service Contract is with an individual.
- Performance Measures requirements are modified (input / outcomes / efficiency).
- Modified Budget (generally includes hourly rates and travel / per diem); there are established guidelines and policy for determining the contractor's salary).

COE

- **Purpose** – to ensure the contract is needed, ensure contract is performance-based and evaluate past performance of Contractor
- **Timing** – at least 120 days from proposed start date
- **Quality** – should be ready to “present to the Governor”
 - Typos, misspelled words, bad grammar, incorrect calculations in the budget, and sloppy formatting should all be fixed prior to submission to COE.

Contracts

Updated Contract and Amendment Forms

Updated Forms and Worksheets for use in conjunction with Open Windows may be found on the Contracts Unit Forms Website under the folder titled, "Open Window."

<http://publichealth.nc.gov/employees/contracts-forms.htm>

- **Contract Approval Form (CAF)**
 - Updated to capture information needed for Open Window. Will be eliminated once Open Window Electronic Approval is turned on.
- **Federal Award Worksheet**
 - This is required if your contract contains Federal Funds. Worksheet records all of the award information needed to process your contract.
- **Justification Worksheet**
 - Created to reflect Open Window requirements.
- **Amendment Justification Worksheet**
 - Created to reflect Open Window requirements for an amendment.
- **Scope of Work Override**
 - Updated to reflect Open Window requirements and language. This form should be used to override the OW Scope of Work for both the contract and contract amendment.
- **Performance Measures Worksheet**
 - Created to assist CAs with OW measures planning and entry.
- **Budget Worksheet**
 - Updated to reflect Open Window requirements.

Scope of Work (SOW)

Background

- Defines the primary goal or mission of the program.

Purpose

- Defines the specific purpose of this contract. (If you are using the override, you must include Purpose in the SOW. If you enter the SOW directly into Open Window, the Purpose pulls from the main screen.)

Scope of Work

- Defines Who (population served or impacted: define the number of unduplicated participants).
- Defines What (activities, tasks, services, deliverables)?
- Defines When (timeframes)?
- Defines How (how is the service provided?)
- Defines Where [what is the service area(s)]?

Performance Requirements/Standards

- Defines the expectations and standards to which the provider will be held.
- Details any reporting due, timeframes, methods, etc.

Performance Monitoring/Quality Assurance Plan

- Defines how performance will be monitored.

- Defines what happens if performance is below expectation.
- Details corrective action plans designed to address performance.

Reimbursements

- Specify any language necessary, but do not duplicate the payment provision language in the contract cover.

Performance Measures

Demand

- Supports the need for the service – What is the problem? Address the nature of the service.
- Defines how many people in Catchment Area need the service.
- The SOW Program Background should include comparison data such as National and State statistics. But the data for the Catchment Area should be entered in the Performance Measures chart.

1,820 females aged 15-24 in Wayne County are in need of parenting skills and parental self-sufficiency education.

Input

- Total Contract Budget.
 - Expressed as a Dollar Amount.
- FTEs
 - Number of full time staff (full time is defined as 2080 hours annually).
 - Must be prorated.

*\$220,000
and
1.933 FTEs*

Output

- Defines the services provided under the contract – What steps will be taken to solve the problem?
- Defines how many unduplicated participants will be served.
- All outputs should be entered into Open Window.
- Expressed as a Number or Quantity.

330 unduplicated clients shall receive parenting skills and parental self-sufficiency education

Outcome

- Defines the results achieved from the contract inputs and outputs.
- Do NOT restate the Output – what happens as a result of the output? What is the benefit of the work?

- Includes short-term and interim results.
- Expressed as a Percentage or Rate.

80% of participants in prenatal/infant care classes shall have increased knowledge of pregnancy/infant care as measured by pre and post test surveys.

Service Quality

- Defined as how well the service was delivered, based on characteristics important to the recipient.
- Used to determine if the Provider is meeting the expectations of the recipient.
- Takes the form of:
 - Timeliness
 - Accuracy
 - Meeting regulatory requirements
 - Courtesy

Training and educational materials that are utilized shall be developed at or below the 6th grade reading level.

Efficiency

- The cost per unduplicated participant who receives program services.
- OR
- The cost per result (such as an evaluation or a study).
- Expressed as a dollar amount.

\$220,000 / 330 unduplicated participants = \$666.67 per unduplicated participant

Open Window Measure Elements

State Budget Year or Fiscal Year: The year in which you are managing the performance. Must match funding configuration selected. If more than one year was entered, two sets of measures must be entered – one for each year.

Measure Type: The type of measure that you are measuring. The choices are demand, input, output, outcome, quality and efficiency.

Preferred Trend: Indicates the desired performance direction. Identifies whether actual performance that is higher or lower than targeted performance is desirable. The selection choices are increase, decrease, or maintain the same.

Measure Frequency: The frequency in which you intend to report on the performance results of measure. How often the information needs to be reported? The choices are monthly, quarterly, semi annually and annually.

Measure Definition: The quantifiable definition of the measure. This quantifies the performance and tracks and/or reflects progress towards goals and targets.

Baseline: The level of performance at the beginning of the measurement or planning process. The baseline and baseline data indicate the starting point necessary to develop appropriate performance targets for the measure. Baseline should never be “0” even for a new contract. Enter the beginning performance expectation.

Target: The desired level of attainment of the identified performance measure. It can also be described as the desired or the desired and measurable and incremental level of performance tied to the measure that should be reached within a specific timeframe. Measures degrees of progress toward outcomes. Established from baseline data. Expressed as a numerical value of performance measure. Targets should not be established without baseline data.

Actual: The achieved, quantifiable results of the activity that the measure is addressing for the specified reporting frequency. This is not entered at time of contract entry, but filled in later as part of contract close out.

Data Source: The source is a valid entity from which the data are obtained, usually a database, tracking, case management system, survey, questionnaire or other mechanism. Data sources may also include Organization(s) and their system that conducts the data collection effort for DHHS or the specific service such as a federal database, or activity implementing agencies.

- Be as specific about the source as possible, so the same source can be used reliably and routinely. Switching data sources for the same measure over time can lead to inconsistencies and misinterpretations and should be avoided.
- For example, switching from estimates of infant mortality rates based on national sample surveys to estimates based on hospital registration statistics can lead to false impressions of change.

Data Source Examples:

- Government data and statistics (e.g., 2010 US Census Data)
- Professional Organizations (e.g., March of Dimes Global Report on Birth Defects, 2006)
- Agency Database (e.g., NC Teen Pregnancy Prevention Initiatives Adolescent Pregnancy Prevention Database)
- Individual Case Records/Case Management Systems (e.g., Individual Patient Charts, Surveillance Epidemiology and End Reports (SEER) Data)
- Budget Documents, Performance Reports (e.g., Contract Expenditure Reports, Quarterly Progress Reports)
- Billing System/Claims Payment System (e.g., North Carolina Accounting System)
- Registration Systems/Patient Tracking system (e.g. Emergency Department Information System)
- Websites (e.g., www.fedstats.gov)

Collection Process and Method of Calculation: The description of the process for generating or bringing together the data and information that has been systematically observed, recorded, organized, categorized, or defined. Method of calculation is a description of the overall analytical process or approach to compute data results. The description of a measure’s calculation must describe detailed enough to allow replication.

Examples:

- Mail questionnaires; Personal interview
- Census, Sample surveys
- Program specific forms, Manual tallies, Computer Spreadsheets
- Monitoring device connected to patient
- Providers make observation and record treatment, Discharge information was phoned to the admissions office and entered into the system by clerks
- Specialized registries such as patient registration and claims transaction

Collection Frequency: The collection frequency is how often the data is gathered or collected for analysis or computation. This is key information to have, particularly when the collection process and collection frequency is from a national source that collects and calculates in excess of a year.

Data Limitations: Describes/identifies any limitations about the measurement data, including factors that may be beyond the division's or department's control.

Explanatory Notes: This section should be used to describe any clarifying points or unique circumstances about any part of the performance measure or process.

Measure Standards

Because reports will be run from Open Window (e.g., Fiscal Research requests), the Performance Measures should be similar in their formatting and should include the same kind of information in the same place for each contract. This is especially critical when entering multiple contracts for one Service as they are likely to be run in a report format for comparison.

An example Scope of Work and its corresponding measures are included in this handout.

When writing the **measure definition**, think about the target value for that particular measure. Is it a number or percentage? What is the target, exactly?

Example:

If the Provider is going to hold three education sessions for healthcare professionals about the importance of folic acid during pregnancy, the measure definition for an output measure should be written as:

Number of prenatal folic acid education sessions provided to healthcare professionals.

When entering the **baseline and target values**, enter only the number with the appropriate symbol (e.g., \$ or %) when applicable.

Example:

Using the same example of folic acid trainings, the target value should be entered as: 3

When writing the **collection process and calculation**, explain how the Provider is capturing, measuring and reporting the data you are listing as a measure.

Example:

Using the same example of folic acid trainings, the collection process and calculation should be written as:

Provider records each training activity and includes the time, date, location, names of presenters and an attendance roster. These training records are included in the monthly reports and annual tallies are included on the final report. Provider submits monthly reports via email to the Program Manager and the reports are reviewed during site visits to the agency.

When writing the **collection process and calculation for the Efficiency Measure**, you should also include the actual calculation based on the target values.

Example:

Using the same example of folic acid trainings, where 600 unduplicated healthcare professionals receive the training, the collection process and calculation for the efficiency measure should be written as:

$\$50,000 / 600 \text{ unduplicated participants} = \$83.33 \text{ per unduplicated participant}$. Provider submits Contract Expenditure Reports and expenditures are recorded by NCAS. Provider submits final reports to Project Monitor at the Communicable Disease Branch which report the number of unduplicated participants served.

Amendment Measures

When writing measures for Amendments, the following must be considered:

- Is this a new requirement?
 - Simply add the measure in the same formats outlined previously.
- Does this add to / subtract from an existing requirement?
 - Need to qualify the difference within the output measure definition.

Amendment Input Measure:

- If it is a reduction, include parentheses around the amount to indicate that it is negative, e.g., (\$5,000)

Amendment Efficiency Measure:

- Include only the amendment amount and divide it by the amendment deliverables.
- Again if it is a reduction, include parentheses around the amount.

An example Amendment Scope of Work and its corresponding measures are included in your handout.

DPH Open Window Contract Entry Guide

The Guide has been updated to reflect the latest changes in Open Window.

Latest version as of 12/8/11 is version 1.5, noted on the guide's footer.

It can be found on the Contracts Unit Forms website, under the folder Open Window Worksheets:
<http://publichealth.nc.gov/employees/contracts-forms.htm>

Provider Budget

Cost Negotiation

- **Costs should be reasonable and prudent.**
- **The entire budget is negotiable.**
- **Examples of items to be negotiated include:**
 - **Fringe Benefits** – state agencies must be within the approved guidelines.
 - **Conference Travel** – may not exceed state rates; double occupancy is an option; Contractor may use non-DPH funding sources for travel.
 - **Incentives** – should not be the bulk of the budget.

Indirect Cost

Per NC DPH Policy, Indirect costs

- May not exceed 10% of the total direct cost;
- May not be charged when it is unallowable by Provider's Indirect Cost Letter, program legislation, the procurement process (RFAs/RFPs), or the grant itself.

If indirect cost is requested, appropriate documentation is required, which consists of either:

- A copy of the indirect cost approval letter to the contractor from the cognizant federal agency, or
- A letter from a certified public accountant that establishes this rate for the agency.
- It must be insured that the CPA establishing the rate is not associated with the audit firm that conducts an audit of the entity's records.
- The indirect cost rate needs to be established based on the Code of Federal Regulations applicable to the type of organization as indicated below:

Code of Federal Regulations

State, Local and Indian Tribal Governments:	2 CFR Part 225 & ASMB C-10
Educational Institutions:	OMB Circular A-21
Hospitals:	45 CFR Part 74
Private Non-Profit Organizations:	2 CFR Part 230
For Profit Organizations (other than hospitals):	48 CFR Part 31

The Indirect Cost Rate letter must include:

- Type of Indirect Cost rate;
- What costs the rate applies to;
- The approval period of the Rate; and
- A statement that the rate is established in accordance with the applicable federal circular.

State Rates

State Rates as of 7/1/11:

Mileage: \$0.555/mile

Breaks: \$4.50 per person

	In-State	Out-of-State
Breakfast	\$ 8.00	\$ 8.00
Lunch	\$10.45	\$10.45
Dinner	\$17.90	\$20.30
Lodging	\$63.90	\$75.60

Salary & Fringe

- Follow the Budget Worksheet and Open Window guidelines for entering all details of Salary and Fringe for your contract and provider.
- Enter the annual amounts and the amounts will be prorated per the number of months and percent of time worked on the contract.

UNC System Department-approved fringe rates

- The UNC System has negotiated fringe rates with DHHS.
- Please ensure that all fringe with regard to UNC System contracts meets or is less than the approved rates. Contact your Team Leader if you need a copy of the UNC System approved fringe document.

Excessive Fringe

Per DPH Policy:

- If the annualized rate/cost for health insurance is **equal to or greater than \$8,000**, the provider must provide proof of premium amounts/payments per employee and the amount the agency contributes for each.
 - Note: sensitive and/or confidential information on the premium statements may be redacted.
- If the total percent of fringe benefits (excluding health insurance) exceeds 20%, the provider must provide their fringe benefits package.
- The directive explaining this policy may be viewed by using this link:
<http://publichealth.nc.gov/employees/forms/contracts/directives/ContractFringeBenefitRatesAndSoleSourceContracts-08-20-2010.pdf>

Cost Justification

- Provide a cost justification for each line item.
- Budget Narrative should link the detailed budget to the proposed activities set out in the SOW.
- Activities should not be described in the Budget Narrative, but rather the SOW.

Points to Remember

- Allowable Expenditures must follow the rules of the grant/legislation.
- Gift cards as incentives must include card tracking language.
- Absolutely **NO** usage of the **HOT** words such as: catering, celebrations, consultants, flowers, honorariums, parties, rallies, holidays, etc.
- Arithmetic errors – program staff must check behind the contractor.
- State Reimbursement Rates – should NOT be exceeded in the budget. Prior approval is required for exceptions to lodging rates.
- All Contract Budget Realignments – must be forwarded to Contracts Team Leader, once approved.

Encumbrance and Payments

Contract Numbers

- Some current contracts are using the former DPH numbering system, e.g., 00415-12 because they were generated before Open Window launched.
- Other contracts have the new Open Window number, e.g. 25507.
- It is necessary to verify that the Contract number on the executed contract is the number used on the CER template. An electronic copy of every executed contract is emailed to the Contract Administrator.
- If a contract was executed using the old numbering system and an amendment is entered into OW at a later date, the original Contract number will stay in effect.

PO/NCAS Numbers

The PO numbering system was updated this year.

- FA contracts now begin 16001XXXXX (instead of 16000XXXXX).
- POS contracts now begin 20041XXXXX (instead of 20046XXXXX).
- The old numbering scheme was auto-generated.
- The new numbering scheme mimics the Open Window contract number.
- Because there could be overlap in the last five numbers (XXXXX), it is very important that you use the full 10 digit PO on your CER template.

Fund Numbers

The fund codes were updated this year.

- When updating the CER templates for contract and PO numbers, remember to update the fund codes, too.
- If you have given your Providers a customized CER template, you must ensure that the template is updated for the current contract.

Expenditures

- CERs are due by the 10th day of the month following the service period.
- CERs must be for actual expenditures, and as such cannot be accepted before month end.
- The latest revisions of forms are on the Contracts Unit website.
- A Late Payment Exception Request must accompany any CER that is presented for payment over 30 days past the end date of the contract. (UNC System has 60 days.)

Change Requests

- The new Change Request form is used for both encumbrance and code changes.
- Please provide a valid reason for the change request.
- The information listed on the form must be accurate.
- The CFDA and Award numbers for Federal funds must be listed for tracking purposes.

Additional Training

Contracts 101

Power Point Presentation available on DPH Contracts website under the heading Training then Contracts:

<http://publichealth.nc.gov/employees/contracts-forms.htm>

Formal Session TBD

Open Window Webinar (DHHS)

You must be logged into Open Window to view:

https://openwindow.dhhs.state.nc.us/default.aspx?pid=hlp_webinarhelpmodule

Open Window Workgroups:

Contracts Team Leaders will train Contract Administrators in Open Window. Email your Team Leader to request inclusion in a workgroup. When a workgroup is not feasible, one on one assistance may be provided.

Helpful Website Addresses

NC DPH Contracts Unit:

<http://publichealth.nc.gov/employees/contracts-forms.htm>

NC DHHS Procurement & Contracts COE:

<http://coe.dhhs.state.nc.us/Default.aspx>

NC DHHS Open Window:

<http://dhhsopenwindow.nc.gov/>

NC Secretary of State (Private Sector):

www.secretary.state.nc.us/Corporations/CSearch.aspx

Public Agencies:

www.ncauditor.net/NonProfitSite/regulations.aspx

Joint Legislative Commission on Governmental Operations 2011-2013 Procedures:

<http://www.ncleg.net/documents/sites/committees/govops/General%20Information/2011-2013%20Reporting%20Guidelines%20and%20Procedures.pdf>

NCGA's Email List Server:

<http://www.ncleg.net/gascripts/Committees/Committees.asp?sAction=ViewDLForm&sActionDetails=Non-Standing>



North Carolina Department of Health and Human Services
Division of Public Health • Office of the State Health Director
1931 Mail Service Center • Raleigh, North Carolina 27699-1931

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Jeffrey P. Engel, M.D.
State Health Director

TO: DPH Section Chiefs
FROM: Dennis E. Harrington, Deputy Director
SUBJECT: Contract Fringe Benefit Rates and Sole Source Contracts
DATE: August 20, 2010

The purpose of this memo is to provide written guidance to contract administrators regarding sole source justifications and fringe benefits for contractors and subcontractors.

Sole Source Contracts with the Private Sector

DPH awards a majority of its contracts through a competitive bid process, mostly through a Request for Applications (RFAs) and a much smaller number through Requests for Proposals (RFPs). Occasionally, the DPH Contracts Office receives requests to enter into sole source contracts with the private sector (e.g., non profits and for profits) by requesting a waiver to the competitive bid process. Obtaining Departmental approval/support for a sole source contract can be challenging.

Whenever a contract administrator determines the need for a sole source contract with the private sector, the contract administrator should contact Sharon Smith, DPH Contracts Manager (707-5111 or Sharon.Smith@dhhs.nc.gov) immediately for assistance. She will help determine if it is possible to enter into a sole source contract or if an RFA/RFP needs to be issued. Failure to follow this process could result in the wasting of valuable time in an effort to develop and submit a sole source contract which cannot be justified.

(Note: Sole sourcing of any contract funded with ARRA dollars is prohibited, unless prior approval is granted by the Office of Economic Recovery and Investment.)

According to NC Purchasing Procedures, under certain conditions, and if deemed to be in the public interest, competition may be waived. Conditions permitting waiver include, but are not limited to, the following situations:

1. Performance or price competition are not available;
2. Needed product or service is available from only one source of supply;
3. Emergency or pressing need is indicated;
4. Competition has recently been solicited, but no satisfactory offers received;
5. Standardization or compatibility is the overriding consideration; and
6. Additional products or services are needed to complete an ongoing job or task.



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.



Location: 5605 Six Forks Rd., 1st Floor, • Raleigh, N.C. 27609-3811
An Equal Opportunity Employer

Below are guidelines for writing a good sole source justification with the private sector:

- Clearly define what is required and how the proposed vendor meets these requirements;
- Explain why a public agency cannot provide the service;
- Include facts that would show there are no other vendors that could provide this service and that issuing an RFA or RFP would be fruitless;
- Include facts to demonstrate that if an RFA or RFP was issued, only the sole source vendor's application or proposal would meet the RFA or RFP requirements;
- If price competition is not available from any other vendor, include evidence on how it is known that this is the only vendor that can perform this service;
- If the needed service is only available from one source of supply, include evidence on how it is known that this is the only vendor that can perform this service; and
- If a pressing need, explain what caused the pressing need or emergency, why there isn't time to issue an RFA or RFP, and why this vendor is the only one that can take care of the situation the quickest. Loss of funding cannot be used unless you can show the funds just became available. Also a pressing need cannot be used if the division waited too long to issue an RFA or RFP.

Note: Inclusion of the contractor's name in a grant application is not an adequate reason to waive the competitive bid process.

Fringe Benefit Rates

Contract Administrators are required to negotiate contract budgets that are reasonable and prudent. Contract budgets shall correlate with the scope of work and include budget narratives that explain and justify all costs and break out all calculations.

The DPH Contracts Office has received requests for clarification regarding personnel and fringe benefits for contractors/subcontractors. Below are guidelines for personnel and fringe benefits:

- Contract Budgets must include the name, position title, FTE, actual annual salary, actual prorated salary and all calculations for fringe benefits for all personnel (do not include projected salary increases);
- Fringe benefits must be broken out individually. List the dollar amount and rate for each benefit, for each employee;
- Health insurance rates should be expressed as a dollar amount and may include a differentiated percentage per person;
- Subcontractors must be named, rate calculations must be described, along with services to be provided; and
- When a subcontractor's budget includes salary and/or fringe benefits, the rules as listed above must be followed.

Required Documentation for Excessive Fringes

1. Health Insurance Rates

The annualized rate for health insurance premiums must be listed per employee as a dollar amount (not a percentage). If the annualized rate is equal to or greater than \$8,000, the contractor or subcontractor must provide proof of premium amounts/payments per employee and the amount the Agency contributes for each. Note: sensitive and/or confidential information on the premium statements may be redacted.

2. Fringe Benefits (excluding Health Insurance)

Fringe benefits must be broken out individually for each employee along with the rate (a percentage) and the dollar amount. If the total fringe benefit is greater than 20% for any employee, the contractor and/or subcontractor must provide a copy of their Agency's Fringe Benefit Policy. This Policy must list all the fringe benefits available to the employees and the amount or rate the Agency contributes to each benefit.

(Note: Fringe Benefit rates have been published for the UNC System; therefore, no additional documentation is required for fringes as contract budgets cannot exceed the published rates.)

If you have questions or need additional information, please contact Sharon Smith, DPH Contract Manager at 919.707-5111 or Sharon.Smith@dhhs.nc.gov

cc: Jeffrey P. Engle, M.D.
Allen Hawks
Sharon Smith
Peter Andersen
Mac Kemer
Chris Ogden
Madge Cohen



Location: 5605 Six Forks Road • Raleigh, N.C. 27609
EveryWhere. EveryDay. EveryBody. *An Equal Opportunity / Affirmative Action Employer*



SCOPE OF WORK– CONTRACT EXAMPLE

BACKGROUND

The primary goal of the Non-Traditional Counseling, Testing and Referral Sites (NTS) project is to provide HIV counseling, testing, and referral services to high-risk “hard to reach” targeted populations in community settings. By bringing testing into the community, services can reach groups in which HIV has been under diagnosed. Infections are under diagnosed when people do not recognize that they are at risk. Trained staff offers testing in a variety of testing venues including public parks, on street corners and at other areas where persons congregate or at fixed testing sites including homeless shelters, drug treatment centers, mental health facilities, migrant camps, housing developments, detention centers, night clubs and colleges. Staff offers testing to clients either on mobile testing units or in these established venues at accessible hours, including evenings, nights and weekends. Staff educates persons about the risks of HIV and offers them testing and refers them to treatment. Staff also ensures that HIV-infected persons are successfully linked with HIV medical care and provide referrals to psychosocial services through active follow-up to their local or regional care coordinators that can make calls to providers, arrange transportation and/or provide other support.

Comparison Data:

2009: United States estimated 42,959 new HIV cases reported (40 states and 5 US territories) and 34,993 AIDS cases reported (50 states and 5 US territories).¹

2010: NC reported 1,487 new HIV cases and 796 AIDS cases.²

PURPOSE

The purpose of this contract is to increase the proportion of individuals that are aware of their infection status through an increase in the number of clients tested for HIV in nontraditional community settings.

SCOPE OF WORK

The Contractor shall conduct HIV counseling, testing and referral services in community settings from January 1, 2012 to December 31, 2012 in Cumberland, Hoke and Harnett counties as follows:

- Provide off-site HIV targeted testing to 1,660 unduplicated individuals during normal business hours as well as during nontraditional hours, including evenings, nights and weekends, and within communities of high HIV/STD incidence or high risk behaviors;
- Provide HIV testing in a variety of settings including public parks, on street corners, and, at other areas where persons congregate or at fixed testing sites including homeless shelters, detention centers, drug treatment/mental health centers, housing developments, migrant health camps, nightclubs, and colleges;

¹ CDC-HIV/AIDS Surveillance Report 2009: Volume 21, Tables 1b and 2b

² North Carolina 2010 HIV/STD Surveillance Report, Tables 3, 6 and 10

- Provide HIV testing to targeted populations including racial and ethnic minorities, commercial sex workers, men who have sex with men, other at-risk populations and partners of these populations;
- Make direct referrals for clients that test positive for HIV to care and/or treatment services;
- Link and track HIV-positive clients with referral services for medical care; and
- Consult and collaborate with other community agencies to determine and prioritize needs for HIV prevention education in the counties.

PERFORMANCE REQUIREMENTS/STANDARDS

The Contractor shall:

- Maintain quality assurance procedures by administering random client satisfaction surveys;
- Observe client intake and counseling sessions to determine the quality of services;
- Develop a tracking system that shall include the number of HIV-positive clients “actively” referred and the number of clients that link with care services;
- Audit client records regularly to determine the appropriateness and completeness of diagnosis, treatment and linkage to care documentation; and
- Submit quarterly/annual reports and monthly activity calendars to the designated contract monitor.

PERFORMANCE MONITORING/QUALITY ASSURANCE PLAN

This contract shall be monitored according to the following plan:

- Program Monitor shall review all client satisfaction surveys to measure service quality based on how participant felt they were treated, if their questions were answered satisfactorily and if the consultation changed their “at risk” sexual behavior.
- Program Monitor shall review all expenditure reports for accuracy and contract compliance and address all errors with program staff as needed.
- Program monitor shall provide on-site training/consultation to address issues of non-compliance, and if necessary, assign a high risk monitoring status to the Contractor.
- Program Monitor shall conduct at least one site visit during the contract period. In addition to the programmatic checks that are conducted as directed by Unit Managers, the site visit shall incorporate a review of Contract Expenditure Report (CER) source documentation for at least two months selected at random. A site visit report detailing the programmatic and fiscal findings shall be written and

forwarded through the Unit Manager to the Deputy Branch Head within fifteen working days of the visit.

- Should the Contractor fail to comply with the provisions of this Contract, the Program Monitor shall initially make every effort to work with the Contractor to help them identify corrective actions and come into compliance. Should that fail, the Monitor shall initiate actions to disallow individual costs claimed or to withhold payments totally until the Contractor is in compliance. Should these actions not result in compliance, the Branch shall contact the Division of Public Health Contracts Office to initiate suspension and/or termination of the contract.

REIMBURSEMENTS

CERs must be submitted even when no expenses are included in a given month. Failure to submit monthly reports will delay receipt of reimbursement.

Open Window Measures Worksheet – CONTRACT EXAMPLE

Contract System #: 55212

Provider Name: HIV Care of the Carolinas

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Demand Preferred Trend: Increase

Frequency (reporting Actuals): Annual

Measure Definition:

Population of Cumberland, Hoke and Harnett counties as of 2008.

Baseline Value:

433,188

Target Value:

468,135

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

US Census Bureau, North Carolina Population Data, 2008.

Collection Process and Calculation:

Survey results are collected and extrapolated. Final reports are made available online at www.census.gov.

Collection Frequency:

Annual

Data Limitations:

Human error; typographical errors.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet – CONTRACT EXAMPLE

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Demand Preferred Trend: Decrease

Frequency (reporting Actuals): Annual

Measure Definition:

Number of HIV cases reported in Cumberland, Hoke and Harnett counties in 2010.

Baseline Value:

106

Target Value:

112

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

North Carolina 2010 HIV/STD Surveillance Report, Tables 3, 6 and 10.

Collection Process and Calculation:

Positive reports are reported by law to the NC Communicable Disease Branch. Data is posted on the Communicable Disease Branch website.

Collection Frequency:

Annual

Data Limitations:

Undiagnosed cases are an unknown quantity; typographical errors.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet – CONTRACT EXAMPLE

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Input Preferred Trend: Decrease

Frequency (reporting Actuals): Annual

Measure Definition:

Contract not to exceed amount.

Baseline Value:

\$300,000

Target Value:

\$275,000

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6.070).

Data Source:

Executed contract.

Collection Process and Calculation:

Federal Funders provide a Notice of Grant Award and contracts are awarded.

Collection Frequency:

Annual

Data Limitations:

Provider may not spend all money awarded. Funds could be increased, decreased or terminated.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Input Preferred Trend: Increase

Frequency (reporting Actuals): Annual

Measure Definition:

Number of Full Time Equivalent positions working on the project.

Baseline Value:

.833

Target Value:

1.0

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

Provider Budget and Provider's Final Report

Collection Process and Calculation:

The Provider Budget proposes the staff time spent on the contract. Internal Provider documents how much staff time is spent on the project and it is reported in the Final Report.

Collection Frequency:

Annual

Data Limitations:

Data could change based on Amendments. Positions could be eliminated or staff may resign.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Output Preferred Trend: Increase

Frequency (reporting Actuals): Choose from List

Measure Definition:

Number of unduplicated clients to be tested.

Baseline Value:

1,660

Target Value:

1,675

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

Provider reports

Collection Process and Calculation:

Provider records the number of clients tested at each activity and testing site. These numbers are tallied for each month and included on the quarterly reports and annual tallies are included on the final report. Provider submits reports via email to the Communicable Disease Branch Project Monitors on the 30th of the month following the end of the quarter and reviewed during site visits to the agency.

Collection Frequency:

Quarterly

Data Limitations:

Data collection, data entry and other typographical errors

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Outcome Preferred Trend: Maintain

Frequency (reporting Actuals): Annual

Measure Definition:

Percent of clients that are tested that will learn their HIV status.

Baseline Value:

75%

Target Value:

75%

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6.010).

Data Source:

Client records and quarterly narratives/reports

Collection Process and Calculation:

Provider follows up with all tested clients and reports client knowledge of their status.

Unsuccessful follow up attempts are also reported. Provider submits quarterly reports detailing this information on the 30th of the month following each quarter. Reports are sent via e-mail to the Communicable Disease Branch Project Monitor and are reviewed during biannual site visits to the agency.

Collection Frequency:

Quarterly and biannually

Data Limitations:

Clients may be unreachable or lost to follow up; data collection, data entry and other typographical errors.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Outcome Preferred Trend: Maintain

Frequency (reporting Actuals): Annual

Measure Definition:

Percent of clients that will be referred for follow-up care and/or treatment if test results are positive for HIV.

Baseline Value:

90%

Target Value:

90%

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6.070).

Data Source:

Client Records and quarterly narratives/reports

Collection Process and Calculation:

Provider follows up with all clients who tested HIV positive to refer them for follow-up care and/or treatment. Unsuccessful follow up attempts are also reported. Provider submits quarterly reports detailing this information on the 30th of the month following each quarter. Reports are sent via e-mail to the Communicable Disease Branch Project Monitor and are reviewed during biannual site visits to the agency.

Collection Frequency:

Quarterly and biannually

Data Limitations:

Clients may be unreachable or lost to follow up; data collection, data entry and other typographical errors.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Service Quality Preferred Trend: Maintain

Frequency (reporting Actuals): Annual

Measure Definition:

Percent of staff that have current knowledge of HIV/STDs and how to provide counseling, testing & referral services by attending trainings approved by the Communicable Disease Branch.

Baseline Value:

100%

Target Value:

100%

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

Copies of training certificates or acknowledgment of training.

Collection Process and Calculation:

Training certificates or acknowledgements of training are issued to each staff member. Copies of these certificates/acknowledgements, along with a full staff roster are provided to Communicable Disease Branch Project Monitor during site visits.

Collection Frequency:

Annual

Data Limitations:

Staff turnover; staff training opportunities could be limited; staff may not be able to attend trainings.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Service Quality Preferred Trend: Maintain

Frequency (reporting Actuals): Annual

Measure Definition:

Percent of staff that will maintain confidentiality.

Baseline Value:

100%

Target Value:

100%

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6.010).

Data Source:

Copies of signed annual confidentiality statements.

Collection Process and Calculation:

Confidentiality statements are provided by the Provider to its staff. All staff are required to sign the statement and they are kept on file at the Provider's location. Copies of signed confidentiality statements are submitted to the Communicable Disease Branch Project Monitor during site visits.

Collection Frequency:

Annual

Data Limitations:

Staff turnover; human error.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the Measure data.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Efficiency Preferred Trend: Decrease

Frequency (reporting Actuals): Annual

Measure Definition:

Cost per unduplicated participant

Baseline Value:

\$180.72

Target Value:

\$164.18

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. When entering the contract, leave this field blank. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

Total amount expended by Provider is defined NCAS. Total number of participants served is defined by Provider's Final Report.

Collection Process and Calculation:

$\$300,000 / 1660$ unduplicated participants = \$180.72 per unduplicated participant. Provider submits Contract Expenditure Reports and are recorded by NCAS. Provider submits final reports to Project Monitor at the Communicable Disease Branch which report the number of unduplicated participants served.

Collection Frequency:

Annual

Data Limitations:

Provider may not spend all allocated funds or may not meet the target of unduplicated participants to be served; typographical and data entry errors.

Notes:

Enter any notes that will be important to know if someone unfamiliar with this Project is reading the measure data.

SCOPE OF WORK – AMENDMENT EXAMPLE

BACKGROUND

No change.

PURPOSE

The purpose for this amendment is to increase the funding and the number of women screened for cancer by the Provider as well as shorten the contract period. The additional funding is available due to the program receiving state appropriations for screenings for FY 11-12. Through this amendment, the Provider shall receive an additional \$51,000 to screen approximately 200 additional unduplicated women. The Provider shall be required to screen at least 561 unduplicated women instead of the 361 unduplicated women agreed upon in the original contract.

SCOPE OF WORK

The Provider shall now provide 200 additional unduplicated women with breast and cervical cancer screening and diagnostic services, including but not limited to mammograms, ultrasounds, fine needle aspirations, pap tests, and colposcopies. As a result of this contract, the following outputs shall be attained:

- 469 women shall receive mammograms
- 325 women shall receive diagnostic mammograms
- 199 women shall receive ultrasounds
- 160 women shall receive fine needle aspirations and fine needle pathology
- 336 women shall receive pap tests
- 123 women shall receive colposcopies (cervical) with biopsies.

Specific numbers of screening and diagnostic procedures cannot be predetermined because these procedures shall be based on the specific needs of the eligible women.

As a result of this contract, the following outputs shall be attained:

The Provider shall now provide 200 additional unduplicated women with breast and cervical cancer screenings and diagnostic services, including but not limited to mammograms, ultrasounds, fine needle aspirations, pap tests, and colposcopies.

PERFORMANCE REQUIREMENTS / STANDARDS

No change.

PERFORMANCE MONITORING / QUALITY ASSURANCE

No change.

REIMBURSEMENTS

No change.

Open Window Measures Worksheet – AMENDMENT EXAMPLE

Contract System #: 25081

Provider Name: Alamance

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Input Preferred Trend: Maintain

Frequency (reporting Actuals): Annual

Measure Definition:

Contract not to exceed amount.

Baseline Value:

\$92,001

Target Value:

\$51,000

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

Executed contract.

Collection Process and Calculation:

Federal Funders provide a Notice of Grant Award and contracts are awarded.

Collection Frequency:

Annual

Data Limitations:

Provider may not expend all awarded funding; funding could be reduced or terminated.

Notes:

The program is adding \$51,000 in state funding to this contract. The contract value has increased from \$92,001 to \$143,001.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Output Preferred Trend: Increase

Frequency (reporting Actuals): Annual

Measure Definition:

Number of women screened for breast and cervical cancer by SFY 2012 (this amendment increases number by 200 from 361 to 561).

Baseline Value:

361

Target Value:

200

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

The source used to compile this data is the Health Information Systems (HIS), a state-supported data collection system used by the program.

Collection Process and Calculation:

Screening data must be entered into HIS monthly no later than the 10th of each month for previous month screenings. Providers using third-party vendor software must have patient data entered by the 5th of each month. Breast and cervical screening data should be completed and sent to NC Breast and Cervical Cancer Control Program (NC BCCCP) electronically for every woman that receives screening and follow-up services, using HIS or another compatible system. Program data received by NC BCCCP shall determine whether the Provider is meeting contract targets and performance measures.

Collection Frequency:

Provider reports are entered monthly into HIS and received by NC BCCCP on a monthly basis.

Data Limitations:

The validity of the data entered is based on the frequency and the accuracy in which the Provider enters the data. If a Provider delays in entering patient data into HIS, NC BCCCP will have an inaccurate accounting of the number of women screened. In addition, if the Provider enters incorrect information or completes inappropriate fields, NC BCCCP will have inaccurate information on the type of services provided a patient and their diagnosis.

Notes:

NC BCCCP screens women for breast and cervical cancer and the success of the program is based on screening provider meeting their screening goals each fiscal year. The goal of NC BCCCP is to decrease the mortality rate from breast and cervical cancer by 20% among the low-income, uninsured, and underserved women in North Carolina. NC BCCCP firmly believes this goal can be achieved by early detection. NC BCCCP has high benchmarks it is required to meet on the state and federal levels regarding the number of women screened with the funding we are provided with from these entities. In addition, NC BCCCP is held to a high standard by the Center of Disease Control and Prevention (CDC concerning follow-up of abnormal screening results, diagnosis, and treatment for those women who have been diagnosis with cancer.

Open Window Measures Worksheet

Budget Year: 1 OR State Fiscal Year (SFY):

Measure Type: Efficiency Preferred Trend: Maintain

Frequency (reporting Actuals): Annual

Measure Definition:

Cost per woman screened.

Baseline Value:

\$254.85

Target Value:

\$255

Actual Value:

Actual is what the Provider achieves in the "Frequency" period. After each period, as defined in "Frequency", the actual value must be entered (e.g. 6,010).

Data Source:

Total amount expended by Provider is defined by the Contract Expenditure Reports paid by the program. Total number of women screened is compiled using data from the Health Information System (HIS).

Collection Process and Calculation:

\$51,000/200 women screened = \$255 per woman screened. Provider submits Contract Expenditure Reports and are recorded by NCAS. Total number of women screened is compiled using data from the Health Information System (HIS).

Collection Frequency:

Monthly

Data Limitations:

The Provider can miscalculate their monthly spending on a particular category or record it incorrectly on the Contract Expenditure Report or Expenditure Tracking spreadsheet.

Notes:

The efficiency measure is based on the amount in which the contract is being increased times the number of additional women being screened.